NUBC Meeting Summary
February 14 - 15, 2002
Baltimore, Maryland

Coding Requests:

- CMS requested a change in the definition for Condition Code 69 to better reflect Medicare data needs. The original request was to add new condition codes to include direct Graduate Medical Education associated with Medicare managed care discharges occurring in the acute inpatient PPS sections of a hospital.

  Discussion:

  After some discussion the NUBC agreed that Medicare data needs could be met with a change in the definition for Condition Code 69 to refer to Medical Education Payment rather than specific reference to Indirect or direct medical education.

  Public Health Note: Once again the importance of clear and unambiguous definitions is apparent. It is important to note that the NUBC has approved a series of condition, value, occurrence, and occurrence span codes to be used for reporting purposes. As the public health community starts to utilize these codes, it is important that much time and attention is spent with the process to create clear and concise definitions.

- In continuation of discussion started in November, a series of revenue code, 68x, were approved for Trauma Center Activation. These codes only can be used by designated trauma centers. The subcategories approved for this category were as follows:

  1 Level I
  2 Level II
  3 Level III
  4 Level IV
  9 Other Trauma Response.

  Note: There is no General (Code 0) code defined.

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Discussion –

There were several questions raised during the discussion for this request. NUBC members asked what payers would pay for charges reported under this revenue code. More importantly, payers, in particular Medicare, were asked not to reject the entire claim if they don't pay for these trauma activation charges. The rest of the discussion for this request concentrated on identifying and clarifying scenarios when this revenue code would be used, including discussions of how to code for mass casualties. As a result, the NUBC decided that a Frequently Asked Questions document to identify the different scenarios along with coding recommendations should accompany the publication of this new revenue code. CMS also agreed to publish a Program Memorandum (PM) to explain how these revenue codes would be handled by Medicare. The implementation date for these codes is October 2002.

Public Health Note: The concept of "ignore, don't reject" for reporting of valid codes that are not used in a payer adjudication system has significant relevance for public health data collection systems. As public health systems get redesigned using national clinical and administrative standards, it is important that extra data be discarded by payers who don't need the data, rather than the cause of submission failures. The premise of "ignore, don't reject" is an important principle in the Health Care Service Data reporting guide.

The other lesson to be learned from this discussion is the importance for data clarification. The more that is done to reduce ambiguities, such as FAQ's on web sites, the more likely the data will be reported consistently and accurately.

- There were four requests made by the Health Insurance Association of America (HIAA) to add revenue codes to charge for Alternate Care Facility use, Adult Health and Social Programs, Adult/Elderly Foster Care, and facility based hospice care.

Discussion:

The original requests did not clearly define the scenarios when each of these codes should be used. There were questions about how different payers would be affected by new codes for these services. There was also ambiguity about whether these situations should be billed on an institutional or a professional claim. The decision about whether services will be billed on an institutional or professional claim is one of the significant issues being discussed in the current stages of HIPAA implementation. It was agreed that the NUBC and the NUCC should take a prominent role in these discussions.

In a related discussion, there is a WEDI SNIP (Workgroup for Electronic Data Interchange Strategic National Implementation Process) working to

develop a white paper to make recommendations on when institutional or professional claims should be submitted. As part of that process a survey has been developed to query the industry on current practices today. More information can be obtained at http://www.wedi.org.

The four requests were all tabled pending greater clarification on all the issues described above.

Public Health Note: As the Health Care Service Data Reporting guide is developed, it is important that the Consortium benefit from the implementation experiences of HIPAA covered entities. All implementation guides contain wording to describe the appropriate reporting situations. Much care needs to be taken carefully crafting appropriate, but not too restrictive situational language. Many of the HIPAA implementation problems that have already surfaced are because of unclear situational notes in the implementation guide. For this reason, we need to have our draft versions of the reporting guide carefully reviewed by all potential users of the reporting guide prior to implementation.

- Patient Status Codes. Because patient status codes 62 and 63 (Discharged / Transferred to another rehabilitation facility and Discharged / Transferred to a long term care hospital respectively) were approved by the NUBC, there have been questions about appropriate coding for use of these codes. These codes became effective 10/1/2001. There have been several problems associated with these new codes. There were questions about what provider types these codes should apply to. There were also questions about how different payer systems should handle these codes.

  Discussion:

  The NUBC agreed further clarification was necessary. Below is proposed wording change for Patient Status Code 62. Prior to the March NUBC conference call, final wording will be distributed to members for a vote.

  > Discharged / Transferred to an inpatient rehabilitation facility (.IRF) including distinct parts or units of a hospital.

  CMS agreed on the need to publish a program memorandum for fiscal intermediaries to further clarify the definition and when to use these patient status codes. This is important because of reports that Medicare claims were being suspended by some fiscal intermediaries when these codes were reported. As an additional vehicle to provide clarification for NUBC codes, the value of FAQs on the NUBC web site was discussed. Everyone agreed that FAQs would help provide necessary clarifications for patient status codes.

As part of the discussion there were questions about the definitions of several other patient status codes, in particular codes referring to Skilled Nursing Facilities. Since SNF are Medicare certified facilities, there were questions where an additional code would be necessary for Medicaid certified nursing homes. All issues associated with patient status codes were tabled until suggested wording changes for all affected patient status codes (03, 04, 62, 63, and possibly a Medicaid Certified Nursing Home code) are written.

Public Health Note: Once again another example about the need for diligence in careful attention to detail when defining data content.

- Admission / Start of Care Date. This item was deferred on the January conference call. This issue is the wording in the 837 Institutional Implementation guide. The usage note states that this data element is required on all inpatient claims. Some implementers were interpreting this statement to mean that it could not be used on outpatient claims. That interpretation is counter to current industry practice. At the core of this issue is the interpretation of the word SHOULD in the front matter of the 837 Institutional implementation guides. The NUBC voted that the interpretation of the language in the implementation guide should allow use for outpatient claims, as is common practice today.

  Public Health Note: The front matter of the Health Care Service Data Reporting Guide is being written so as not to create the problem associated with the situational note for the Admission / Start of Care Date in the institutional guide.

- Miscellaneous Discussion

  Cathy Carter gave a presentation about the "Systems Queue Process at CMS". The purpose of this presentation was to educate NUBC members of the cycle times needed by CMS for system development and the schedule for releases. This obviously has an impact on the NUBC code maintenance requests. In response the NUBC will be forming a work group to develop a formal policy for version control of NUBC code lists. In addition CMS announced that they would be implementing the 4010 versions of HIPAA except for taxonomy and National Drug Codes. These two exceptions are part of the Addenda that will be published in an NPRM sometime later this year. The delay legislation makes it possible for CMS to implement a different version of the standard. It is unclear what problems this will create as covered entities move forward implementing either the 4010 or the 4010A1 version of the standard.

- DSMO Requests

- Request number 490 (discussed on January Conference call) was referred to appropriate X12 work group. This requests that additional information be supported on the 834 enrollment transaction.
- Request number 493 (discussed on January Conference call) was referred to code maintenance groups. This request would add an additional procedure code list to the HIPAA standard.
- Request number 494 (discussed on January Conference call) was rejected. This request would add the Employer Name to a professional claim for routing purposes.
- Request number 495 (discussed on January Conference call) was rejected. This request would add the Employer Name to an institutional claim for routing purposes.
- Request number 496 (discussed on January Conference call) was deferred to the appropriate X12 work group. This request would allow requestor to acknowledge receipt of the Notification and return a reference or receipt number that may or may not be used on a claim. This request is for a change to the 278-Authorization transaction set.
- Request number 497 was rejected by NUBC because committee felt that certification data did not belonged on a claim. This request would add additional line level data (2400 loop) to mirror claim level data (2300 Loop) for home health on a professional claim.
- Request number 499 was deferred to appropriate X12 work group. This request would add support in the 837 Professional Implementation guide for a Care Plan Oversight Identification Number.

➢ State Billing Codes/Survey

In a follow up from the last NUBC meeting, there was discussion on how to nationalize some of the state defined UB codes. A proposal was presented by the Medicaid representatives for abortion / sterilization condition codes. The NUBC agreed in principle to support the recommended codes, but asked the Medicaid representatives to revise the definitions to make them less ambiguous. The discussion was tabled until new definitions are provided to NUBC members.

There were discussions about several other payer specific NUBC codes. In all these cases the NUBC agreed that support for payer specific codes in the UB-02 data specifications should be eliminated if at all possible.

Public Health Note: It is important to remember again that the NUBC approved a range of condition, occurrence, occurrence span, and value codes for reporting use. In an effort to standardize the assignment of these codes for reporting, the Public Health Data Standards Consortium would be expected to take the lead coordinating the request to maintain the definitions of these reporting codes on the UB list. Public health systems are well positioned to have necessary UB codes assigned for reporting within the probable UB-02 guidelines. It is also important to learn from the National Medicaid EDI HIPAA work group that the NUBC and

the other standards committees are more likely to act favorably on public health code and data element requests when public health speaks as a unified single voice.

Next Meeting Dates

- May 8th and 9th in Chicago, Illinois.
- August 6th and 7th in Baltimore, Maryland
- November 14th and 15th in Chicago, Illinois